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CURRENT PREVALENCE OF COMMUNICABLE DISEASES IN THE UNITED STATES ¹

December 2-29, 1934

The prevalence of certain important communicable diseases, as indicated by weekly telegraphic reports from State health departments to the United States Public Health Service, is summarized in this report. The underlying statistical data are published weekly in the Public Health Reports, under the section entitled "Prevalence of Disease."

Influenza.—An increase of influenza cases was reported from all sections of the country. For 42 States, the District of Columbia, and New York City 9,130 cases were reported for the 4 weeks ended December 29; the weekly number of cases increased from 1,046 to 3,970 within the 4 weeks. For the week ended January 5, 1935, there were 6,965 cases, an increase of approximately 3,000 over the preceding week.

As compared with recent years, the incidence for the current 4-week period was about twice that for the corresponding period in 1933 and 1930 and 2.6 times that in 1931. In each of those years the influenza situation was quite normal at this time. In 1932 an epidemic which started in the West and South in November and extended into all areas reached its peak during this period.

Table 1 shows by geographic sections the number of cases reported for recent weeks of this winter, with comparative figures for corresponding weeks in the 3 preceding winters. An increase over last year was reported in each geographic group, but in some groups it was due to a sharp increase in only one or two States. The disease has been most prevalent in the eastern half of the country, particularly in the States along the Atlantic Coast. The increase in the Mountain and Pacific area was negligible.

Mortality records indicate that the cases thus far have been of a mild type, as the death rate in large cities for the current period was about the same as in nonepidemic years. The rates for the last 2

¹ From the Office of Statistical Investigations, U. S. Public Health Service. The numbers of States included for the various diseases are as follows: Typhoid fever, 48; poliomyelitis, 48; meningococcus meningitis, 48; smallpox, 48; measles, 47; diphtheria, 48; scarlet fever, 48; influenza, 43 States and New York City. The District of Columbia is counted as a State in these reports. These summaries include only the 8 important communicable diseases for which the Public Health Service receives regular weekly reports from the State health officers.

weeks of the period (12.7 and 12.8) were slightly above the seasonal expectancy, and in the week ending January 5 the rate was 13.5 per 1,000 (annual basis)—a definite increase, but not of the magnitude to indicate a severe epidemic.

TABLE 1.—Numbers of influenza cases reported in different geographic sections during recent weeks of the winter of 1934-35 and during corresponding weeks of the 3 preceding winters

Year	Week ended—								
	Nov. 10	Nov. 17	Nov. 24	Dec. 1	Dec. 8	Dec. 15	Dec. 22	Dec. 29	Jan. 5
Total:									
1934-35	760	1,011	882	1,066	1,046	1,671	2,438	3,975	6,968
1933-34	999	1,009	1,107	1,481	1,431	1,311	1,105	1,158	2,051
1932-33	1,706	3,066	6,306	14,291	26,144	37,770	48,624	62,823	64,318
1931-32	1,052	873	828	859	1,000	888	628	1,122	1,242
New England and Middle Atlantic:									
1934-35	23	39	68	82	103	132	396	519	641
1933-34	40	34	59	55	60	77	54	55	83
1932-33	24	74	36	54	65	101	263	1,080	2,127
1931-32	30	36	30	46	33	45	35	52	76
East North Central:									
1934-35	40	148	71	125	81	161	133	500	394
1933-34	189	82	96	246	109	194	110	204	143
1932-33	217	131	135	354	901	2,057	2,403	5,513	8,947
1931-32	96	30	61	29	147	28	61	106	89
West North Central:									
1934-35	39	38	42	73	56	120	105	117	556
1933-34	9	22	17	9	14	10	11	15	27
1932-33	2	10	11	182	170	272	1,586	1,930	4,213
1931-32	322	7	21	10	8	9	9	10	20
South Atlantic:									
1934-35	284	370	319	282	331	548	835	1,967	3,514
1933-34	418	451	484	673	689	511	547	403	1,102
1932-33	432	540	559	918	3,361	5,928	4,809	7,904	13,191
1931-32	461	569	544	540	530	507	322	540	606
East and West South Central:									
1934-35	331	338	283	420	358	597	856	713	1,558
1933-34	274	319	289	361	441	424	271	374	568
1932-33	262	679	3,029	6,231	18,489	25,358	31,912	27,713	27,720
1931-32	96	119	91	117	157	125	93	178	256
Mountain and Pacific:									
1934-35	43	78	99	86	117	113	113	159	302
1933-34	69	101	172	137	127	95	112	107	128
1932-33	771	1,652	2,536	6,522	3,158	4,054	7,661	11,183	8,020
1931-32	85	112	81	117	134	174	118	236	193

¹ The following numbers of cases, not included here, were reported in Kansas in response to a special inquiry: Week ended Dec. 24, 1932, 78,624; Dec. 31, 27,779; Jan. 7, 1933, 7,923.

² Includes 319 cases in Missouri; for the preceding week 14 cases were reported from Missouri, and the following week only 4 cases.

Measles.—A continued seasonal increase of measles was apparent in all sections of the country. For the 4 weeks ended December 29 the number of cases reported was 30,920, approximately 13,000 more than occurred during the preceding 4-week period. Compared with recent years measles maintained a high level. For this period in the years 1933, 1932, and 1931 the numbers of cases were 20,496, 13,942, and 14,298, respectively. The disease was most prevalent in the North Central sections. In the East North Central area the current incidence (7,458 cases) was about five times that for the corresponding period last year, while in the West North Central region the number (7,805) was almost four times last year's figure. The New

England and Middle Atlantic areas reported a 30-percent increase over last year. The South Atlantic, South Central, and Mountain and Pacific areas each reported fewer cases than last year, but the numbers were considerably above those for preceding years.

Typhoid fever.—For the 4 weeks ended December 29, 1,039 cases of typhoid fever were reported, as compared with 995, 680, and 1,175 for the corresponding period in the years 1933, 1932, and 1931, respectively. The disease was more prevalent than last year in the New England and Middle Atlantic, East North Central, and South Central States; it was less prevalent in the South Atlantic and Pacific areas and approximately the same as last year in the West North Central and Mountain sections.

Smallpox.—The 518 cases of smallpox reported for the current 4-week period represented only a normal seasonal increase. In relation to recent years the current incidence was approximately the same as that for the corresponding period in each of the 2 preceding years. For this period in 1931 and 1930 the numbers of cases were 1,238 and 2,172, respectively. Minnesota (31 cases) and Nebraska (53 cases) in the West North Central section, Virginia (25 cases) in the South Atlantic area, and Washington (152 cases) on the Pacific coast seemed mostly responsible for significant increases over last year in those areas. In the East North Central, West South Central, and Mountain regions the incidence dropped about 50 percent from last year's figures, while the East South Central States reported approximately the same incidence as last year. No cases were reported from the New England and Middle Atlantic States.

Diphtheria.—In relation to recent years the diphtheria incidence continued low. The 4,013 cases reported for the current period were only about 80 percent of last year's figure and the lowest for this period in the 6 years for which data are available. In the West North Central, South Atlantic, and South Central sections the disease was less prevalent than at this time last year; a slight increase over last year was reported in the Mountain and Pacific areas. In other regions the incidence compared very favorably with that of last year.

Scarlet fever.—The reported current incidence of scarlet fever, 20,866 cases, was about 15 percent in excess of that for the corresponding period in each of the years 1933 and 1932 and about 33 percent in excess of the figures for 1931 and 1930. The East North Central and Mountain and Pacific areas reported significant increases over last year's figures; the South Central regions, about a 30-percent decrease, and in other sections the incidence was approximately the same as that for last year.

Meningococcus meningitis.—The seasonal rise of meningococcus meningitis, which in recent years has occurred during the preceding 4-week period, did not appear this year until the current period.

For the 4 weeks ended December 29 the number of reported cases was 202, as compared with 129 for the preceding 4-week period. The number was about 17 percent in excess of that for the corresponding period last year but was considerably below the number in preceding years.

While the total number exceeded that of last year, the cases were widely distributed over the various geographic areas and there was no indication of any unusual prevalence in any part of the country. States reporting apparently significant increases over last year were Colorado (6), Kansas (7), Alabama and Massachusetts (9 each), Texas (10), and Ohio (12). Although the numbers of cases were not high in those States, they were mostly responsible for an increase over last year in the areas in which they are located. The Middle Atlantic and Pacific States reported practically the same incidence as last year, and a decrease was reported in the South Atlantic section.

Poliomyelitis.—All sections of the country reported a decline of poliomyelitis during the current 4-week period, but for the country as a whole the incidence (185 cases) was considerably above the level of 1933 and also of 1932. For this period in 1931 and 1930 the numbers of cases were 266 and 332, respectively. In the Pacific area, where the disease has been prevalent in epidemic form, the number of cases (88) was 3.4 times that for the corresponding period last year; in the South Central and East North Central areas, into which the disease spread, the incidence was still high in comparison with recent years. Only 5 cases were reported from the Mountain section, which was also affected by the epidemic, and the West North Central and New England and Middle Atlantic regions reported the lowest incidence in recent years. In the South Atlantic States the number of cases (13) was below the average for preceding years.

Mortality, all causes.—The average mortality rate from all causes for the 4 weeks ended December 29, as reported by the Bureau of the Census, was 12.2 per 1,000 population (annual basis). For the corresponding period in the 4 preceding years the rates were 12.1, 13.4, 11.4, and 12.3, recessively. The rate for the week ended January 5, 1935, was 13.5, due no doubt to the apparently minor influenza epidemic that is present.

RAT AND RAT-FLEA SURVEY OF LOS ANGELES HARBOR

By H. E. TRIMBLE, *Surgeon*, and G. C. SHERRARD, *Acting Assistant Surgeon, United States Public Health Service*

The harbor district of Los Angeles lies 23 miles south of the city hall and comprises the towns of San Pedro, Wilmington, and Terminal Island. A survey was begun of this area on December 1, 1931, to determine the prevalence of rodents and the extent of their infesta-

tion by ectoparasites, especially fleas. The survey was conducted entirely by personnel of the quarantine station at San Pedro during spare time and in addition to their regular duties. An effort was made to trap live rats in a systematic manner, trapping each pier and building along, and immediately adjacent to, the water front, until that entire district had been trapped and retrapped. This was followed by trapping of the business, industrial, and residential districts. In addition, 25 ground squirrels (*Citellus beecheyi beecheyi*) were shot in the fields and hills adjacent to the residential district and examined for ectoparasites.

While conducting this survey, which covered a period of 19 months, rat traps of the wire-cage type were set for a total of 6,269 trap-days, each trap set being considered a trap-day for each day set until removed.

The docks at the port of Los Angeles, with few exceptions, are of fairly recent, reinforced-concrete construction and offer a surprisingly limited rat harborage. However, much of the harbor bank is faced with very large scatter-placed rocks, among which rats were often seen. During the period covered by this survey, the health department, city of Los Angeles, was waging a vigorous antirat campaign in the harbor district, poisoning, shooting, and trapping with snap traps, with as many as 50 men at a time so engaged in this limited area. Largely due to this activity, our catch of rats by cage traps was proportionately very small.

Two methods were used in recovering ectoparasites from rats. In the early part of the survey, rats were brought to the laboratory alive and their necks crushed with large forceps while still in the cage, and then they were immediately taken from the cage and suspended by the tail over a large shallow pan of water, and the ectoparasites were combed off and recovered from the water. This method was changed shortly after the survey began, and the live rats were allowed to enter, through a sliding door, a small box enameled white inside, and were killed by chloroform on a small piece of cotton inserted through a small, sliding glass window on top of the box. The rats were then removed and combed on a piece of white paper and the box was searched for any additional parasites that might have left their host during the anesthetizing process.

All ectoparasites were examined microscopically and classified by Dr. Sherrard after the usual preparation of clearing in a 10-percent potassium hydroxide solution, dehydrating slowly in alcohol and further clearing when necessary. Each rat or group of rats from each cage brought to the laboratory was given a serial number, and all data pertaining to both the rodent and the ectoparasites obtained were noted under a single serial number.

The accompanying tables and graphs show the number of rats and fleas obtained, by districts, and their relation to weather conditions. It was originally intended to show the rat-flea index by five zones, or districts; but on compiling data from the business, industrial, and residential districts, the results were so similar and the data so meager that it was thought advisable to combine all three into one. Those rats caught in the city dumps represent a harborage environment so different—being within the city, yet on large vacant plots of ground—that an additional district was created to show these data.

District	Rats	Fleas	Fleas per rat	Flea species per rat		
				C F	X C	L M
	<i>Number</i>	<i>Number</i>	<i>Number</i>			
Docks and immediate water front.....	233	537	2.25	0.34	1.130	0.73
Business, industrial, and residential.....	34	204	3.77	.18	.166	3.55
Open fields.....	26	162	6.46	.07	0	6.15
City trash dump.....	13	35	2.69	0	2.610	0

NOTE.—C F, *Ceratophyllus fasciatus*; X C, *Xenopsylla cheopis*; L M, *Leptopsylla musculi*.

In addition to the species of fleas shown in the table, 20 *Echidnophaga gallinacea* and 1 *Ceratophyllus acutus* were obtained from rats, the number being too small for tabulation.

In compiling the meteorological data given in the accompanying graph, rainfall figures were obtained from the Marine Exchange of the Los Angeles Chamber of Commerce and are for the actual water front; all other data pertaining to meteorological conditions were obtained from the United States Weather Bureau at Los Angeles and were taken at a point approximately 10 miles from the nearest ocean point and 23 miles from the harbor. Data on ectoparasites and rats were averaged when covering the same month of different years so that the data from December to June, inclusive, cover a period of 2 years and are the mean average or total per month as the case may be, both as to number of ectoparasites and weather data.

Of the rats caught, all were *Rattus norvegicus* except for 8 *Rattus alexandrinus* and 2 *Rattus rattus*.

Of interest are the predominance of *Leptopsylla musculi* and the low index of all fleas. In the writer's opinion, the *Xenopsylla cheopis* index is too low to sustain an epidemic of rat plague; and it is very doubtful whether it would be sufficient to furnish a means of sustaining even an occasional plague infection of rodents. In comparing the index of *Xenopsylla cheopis* and *Leptopsylla musculi* for the various districts, it will be noted that the district which appears to be the most favorable to *Xenopsylla cheopis* is the least favorable to *Leptopsylla musculi* and vice versa. Probably surface moisture plays an important part in this, as the city trash dumps, where the highest *Xenopsylla cheopis* index and the lowest *Leptopsylla musculi* index

were found, is covered with rubbish, which would tend to hold surface moisture, thus affording a favorable hatching place for *Xenopsylla cheopis*. On the other hand, the open fields are unprotected from the sun and wind and become too arid during the 8 to 9 months of warm, dry weather experienced annually in this part of California to afford favorable conditions for *Xenopsylla cheopis* propagation.

In this part of California a species of small field mouse is very prevalent; and, as the *Leptopsylla musculi* index increases almost in direct ratio as the distance from the water front, it is possible that the association of rats with these mice accounts for the higher *Leptopsylla musculi* index on rats caught in open fields and the lower index on rats caught at the water front. It was noted that only one *Ceratophyllus acutus* was obtained from rats, although they were abundant

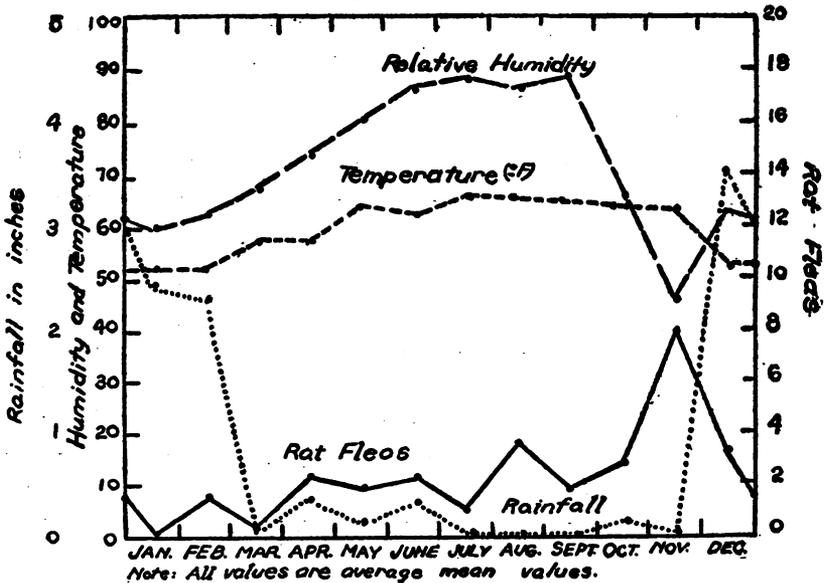


FIGURE 1.—Meteorological conditions and number of rat fleas found, by months.

on the ground squirrels in the hills immediately adjacent to the harbor.

In comparing the relation of the mean relative humidity, temperature, and rainfall with the rat-flea index, it will be seen that the flea index falls sharply in November with the fall in temperature and still more acutely with the increase in rainfall. The data regarding the prevalent flea, *Leptopsylla musculi*, would tend to confirm the tabulated figures, which show the highest *Leptopsylla musculi* index when the surface moisture is least. The drop in relative humidity to its lowest point of the year at the exact time that the flea index is highest is also indicative of this supposition. Due to fog, the humidity in this area is higher during the season that rainfall is least.

During the course of this survey an attempt was made to recover all the mites infesting each rodent examined and at least a portion of the lice. The results show a total of 201 lice of the *Polyplax spinulosa* species and 1,248 mites of the *Laelaps echidninus* species.

No particular relation was noted between the degree of lice and mite infestation and weather conditions, both species of ectoparasites being fairly prevalent at all seasons and in all districts. While it had not been expected to recover any but *Polyplax spinulosa* of the lice species, it was somewhat surprising that only the single species of mites was recovered.

As plague infection among the ground squirrels of California has been reported at various places and times in the past, it was believed that data showing the flea infestation on squirrels would be interesting, and for this purpose 25 ground squirrels were shot in the hills immediately adjacent to the residential section of the port. Each squirrel was immediately placed in an empty white sugar sack after having been shot, and the open end of the sack was folded and securely tied, the bodies being brought to the laboratory and examined as for rats. The following tabulation shows the results obtained:

	Flea species			
	C A	H A	E G	Total
Number of squirrels examined.....				25
Number of fleas per squirrel.....	18.76	1.84	3.44	24.04
Number of fleas.....	469	46	86	601

NOTE.—C A, *Ceratophyllus acutus*; H A, *Hoplopyllus anomalus*; E G, *Echidnophaga gallinacea*.

These figures show a heavy infestation of ground squirrels with fleas, especially of the *Ceratophyllus acutus* species, which has been implicated as a carrier of ground-squirrel plague. While it is not generally believed that *Ceratophyllus acutus* is as effective in the transmission of plague between ground squirrels as is *Xenopsylla cheopis* between rats, it seems probable that an index of 18.76 *Ceratophyllus acutus* would be sufficient to maintain foci of plague infection. As all but one of the squirrels were shot during the month of May, no data are available as to the relation of flea infestation to weather conditions; but it was noted that the squirrels shot on the south slope of the hills showed a greater infestation than those shot on the north slope. This condition might not hold true for the warmer months of July, August, and September. The fact that none of the prevalent local rat fleas were obtained from any of the ground squirrels tends to show that either there is not a close association between the rats and squirrels in this locality or that the fleas are very selective in their natural hosts. The number of *Echidnophaga gallinacea* re-

covered may be accounted for by the fact that small chicken ranches are in fairly close proximity to the locality where the ground squirrels were obtained.

SUMMARY

1. The number of rodents examined was too small to justify any very definite conclusions.

2. A rat-flea survey was made of the harbor district of Los Angeles, which shows an average of 2.85 fleas per rat.

3. The most prevalent species found was the mouse flea, *Leptopsylla musculi*.

4. *Xenopsylla cheopis* was found to average slightly less than one flea per rat, and the heaviest infestation was found on rats caught along the water front and at the city trash dumps.

5. *Ceratophyllus acutus*, whose natural host is the California ground squirrel, was found only once on rats.

6. The prevailing rat species was *Rattus norvegicus*.

7. Wire-cage rat traps were set to the extent of 6,269 rat-trap days, resulting in a catch of 331 rats, or approximately 1 rat for each 19 days a trap was set.

8. California ground squirrels were heavily infested with fleas during the month of June, the prevailing species being *Ceratophyllus acutus*.

9. Lice of the *Polyplax spinulosa* species and mites of the *Laelaps echidninus* species were found to be fairly prevalent on rats at all seasons of the year and in all districts.

THE ADMINISTRATOR'S VIEWPOINT OF PSYCHIATRIC SERVICES IN A CORRECTIONAL INSTITUTION¹

By JOSEPH W. SANFORD, *Superintendent United States Industrial Reformatory, Chillicothe, Ohio*

Very recently a well-known prison investigator criticized the tendency of many prison systems to focus its prison administration on a physical plan, suggesting that the principal objection is the prison architecture, prison gadgets, and routine. He expressed his disgust at being dragged through countless scientifically equipped laundries and kitchens with their well polished, gleaming boilers, through new mess halls and beautifully arranged operating rooms; and he was dismayed by the little interest displayed when it came to the human apparatus and procedure for reforming the complicated personalities of prisoners for whose care the institution was built.

¹ Presented at the Conference on Medical and Psychiatric Services of the Federal Penal and Correctional System, held at Springfield, Mo., September 13-15, 1934.

The program of the Bureau of Prisons has accepted this well-merited challenge. Perhaps it is no exaggeration to say that the concept of the scientific approach to the adult offender from every viewpoint has been brought to its highest point in the Federal Bureau of Prisons. While the Bureau recognizes the need for adequate housing and facilities in order successfully to fulfill the first function of penal administration, that of keeping the prisoner within the confines of the institution and housing and caring for him in common decency, it has also provided those facilities with adequate personnel which have for their main objective the rehabilitation and remolding of the prisoner in such a way that when he leaves the institution he will return to his home a better man and equipped in some measure again to take his place in society. I think it can be well stated that the policy of the Bureau is to imbue every warden, every guard, every professional employee, and every civilian with the idea that the primary function of the institution is to reeducate and rehabilitate the inmate, and to have every officer and civilian understand that he is an integral part of the educational and rehabilitation program.

Psychiatry in connection with the treatment of delinquency is not new. The introduction of this professional service in penal institutions is comparatively recent, and its development is not yet complete. As a matter of fact, we are using a service that has been available in juvenile courts and in the treatment of the criminal insane in the hospitals for many years. Psychiatric service will not function in an institution unless the administrator can see its value and use in the every-day routine of the institution and is willing to devote considerable time to this work, relinquishing other duties to those as well able to carry them on as he. In the Federal prison service, the medical and psychiatric service is not under the supervision of the Department of Justice, but under the United States Public Health Service. When it was first suggested that this arrangement be made, some prison officials expressed a fear of the consequences of bringing into the institutions a group of professional workers responsible neither to the warden nor to the Bureau of Prisons. That the two services have been able to function harmoniously and effectively speaks well for the understanding and capacity of the directing heads and for the willingness of the officers of both services to work toward a common goal. My experience in two institutions has not only dispelled all fears but has convinced me of the wisdom of the arrangement. Certainly the medical and psychiatric service in both institutions with which I have been associated has been of a high order and the cooperation and devotion to duty all that could be expected.

However, it must be stated here that there is still danger unless there is close cooperation and a wholesome mutual understanding

between the superintendent, the chief medical officer, and the psychiatrist. The staffs of both agencies will be quick to take advantage, with unfortunate results, if there is any lack of cooperation and understanding between the administrative officials. On the other hand, the staffs will be equally as quick to cooperate and effectively carry on the program where there is understanding, cooperation, and a wholesome respect for each other's responsibilities and authority. I would not care to be associated with a prison system which carries out only the first function of penal administration, that of protecting the public by the immolation of the inmate for the period of the judgment of the court. Most any hard-boiled jailor can achieve this objective, provided he is furnished with sufficient strong cells and guards. A true prison administrator is one who would never be satisfied with merely confining his charges. An institution should have a soul.

To say that an institution has a soul is to risk a cynical retort; but how can one better convey the idea? By this I mean that it is necessary to build up morale and spirit and inspire a tradition of honor and self-respect; so to administer and develop the program that every man entering the institution will achieve some real benefit and the institution will be considered as an establishment for the physical and mental regeneration of its inmates, rather than as a place for their punishment, where sound moral habits may be inculcated, and where industrial and agricultural instruction is furnished to those who need it, in order that the inmate may be restored to the community, when he completes his sentence, a useful citizen to it and to his family and not disposed to commit another offense. This soul or tradition that I speak of cannot be founded on buildings and equipment alone. It must be founded on a program of individualization and the personalities of the administrator and his associates who build morale, inspire self-respect, and redirect the energies of their charges along proper lines.

Obviously the administrator cannot possibly know intimately every one of his charges. The myriad of duties and responsibilities resting on the shoulders of the administrator of any one of the large Federal institutions is beyond the capacity of any one person to carry on alone. If he succeeds he must use to the full extent the resources furnished him by the Bureau of Prisons in analyzing and classifying the inmates and in providing correctional treatment for individual prisoners. Such services make possible case work procedure as a part of our progressive penal program in place of the mass treatment procedure of the older order of prison administration.

The physician, psychiatrist, psychologist, social worker, and educator provide through their special types of services a case analysis of individual prisoners which may not only be used for preventive and correctional procedure, but to contribute greatly to more efficient

administrative prison practices. These professional services provide the basis for the intelligent classification of the prison population and thereby enable the administrator to lessen one of the greatest detrimental influences of the old order of prison procedure; that is, the destructive influence of the worst elements or individuals over the remainder of the group. Discovery and segregation of such individuals are made easier through careful case analysis. Further, these professional services not only are analytical and preventive, but they aid the administrator who wishes to provide a constructive rehabilitation program.

In developing a program of rehabilitation we have found that this group of noncooperative individuals, totaling about 10 to 15 percent of the population, demand more time and attention than the larger group of inmates who have accepted their programs and are making an effort in some measure to cooperate with the administration and at the same time improve themselves. The psychiatric service is an integral and very necessary part of any program of individualized treatment. The understanding of the individual and the preparation of his program can be accomplished only by a thorough study of his case. This calls for professional service obtained in the examination and treatment of those who have not found it possible to conform to the normal trends of life. The psychiatrist and the psychologist must be practical in their diagnoses and treatment. Obviously, the average administrator neither has the professional knowledge nor the understanding of mental diseases, nor does he have the time to read lengthy and technical reports. For that reason the psychiatrist and psychologist should take a very active part in the everyday routine of the institution and should overlook no opportunity to contact the inmates. There should be absolute understanding and cooperation between the psychiatrist and psychologist on one hand, and the administrator and his associates on the other. This is highly essential. The chief source of contact with those who find themselves unable to conform to the institutional routine or those who do not desire to conform, is in the treatment of disciplinary infractions.

The administration of discipline has long been considered the prerogative of the executive officer. As the administrator is responsible for the development of morale and for the treatment of inmates coming into his charge, I consider the administration of discipline his chief responsibility. The morale and safety and reputation of the institution should not be left in the hands of a subordinate officer. The advice and counsel of the chief custodial officer will be found valuable, but there are so many important factors affecting the treatment administered following infractions of the regulations, that I believe the administration of discipline should not be left in the hands of any one individual.

In coming to prison administration after long experience in a juvenile court, where the treatment of cases involving juvenile delinquency was always planned with the advice and counsel of competent psychiatrists, I found that I was singularly handicapped in the handling of disciplinary matters without the presence of a psychiatrist to interpret on the spot the mental and emotional reactions of the inmate charged with infraction of rules. Out of this, in February 1934, grew the idea of a disciplinary board consisting of the superintendent, assistant superintendent, and the psychiatrist. In the absence of the psychiatrist, the psychologist acts as alternate. The functions and the operations of this board have been presented by others. Suffice it to say that the resultant improvement in the morale and in the behavior of those who have previously been problem cases is marked. A disciplinary board tends to minimize any personal feeling on the part of the inmate that may have been engendered in the handling of his case by one man, however just and careful he may have been. The inmate is more likely, I believe, to accept the action of a board of three experienced men as just and less arbitrary than the action of one man. At the same time we have observed a more wholesome attitude on the part of the custodial force toward disciplinary matters.

The disciplinary board is not only concerned with violations of institutional regulations, but interests itself with other matters which relate to individual conduct and problems. It may be stated here that the several functions of the disciplinary board have materially improved the morale and understanding between the inmate body and the staff and secured the social adjustment of many individual inmates. There is no doubt that the psychiatric department at Chillicothe is an integral and very important feature in the development of morale and in the carrying on of the program of individualized treatment. Psychiatric service has been most valuable in the assignment of inmates to quarters, and, I believe, in this connection, has contributed materially in lessening the number of attempted escapes from the institution. Other speakers have detailed the functions and practices of the psychiatric service at Chillicothe, and it is not necessary to repeat the many opportunities for the use of this professional service again. I feel it proper, however, to emphasize the importance, in our opinion, of the psychiatric service; for without this service it would not be possible to carry on a program of individualized treatment.

COURT DECISION ON PUBLIC HEALTH

Recovery allowed for illness resulting from failure to comply with occupational disease statute.—(United States Circuit Court of Appeals, Eighth Circuit; *Ford Motor Co. v. Brady*, 73 F.(2d) 248; decided October 12, 1934.) An action was brought by one who had been

employed by the defendant in a paint spraying room. Recovery was sought for tuberculosis which was alleged to have resulted from the failure of the defendant company to comply with the statutes of Missouri relating to occupational diseases. One section of the said statutes provided as follows:

SEC. 13252. Employer to provide protection to employees from diseases.—That every employer of labor in this State, engaged in carrying on any work, trade, or process which may produce any illness or disease peculiar to the work or process carried on, or which subjects the employee to the danger of illness or disease incident to such work, trade, or process, to which employees are exposed, shall, for the protection of all employees engaged in such work, trade, or process, adopt and provide approved and effective devices, means, or methods for the prevention of such industrial or occupational diseases as are incident to such work, trade, or process.

A jury returned a verdict in the plaintiff's favor and the circuit court of appeals, in taking the view that there was sufficient evidence to make a case for the jury under the above-quoted section, stated in part as follows:

Taking that view of the plaintiff's evidence which is most favorable to him, with all the inferences which may properly be drawn therefrom, we think that it does appear that the vapor, mist, or spray incident to the work, when breathed by those employed in the work, might (and did so far as plaintiff was concerned) produce illness or disease which was as peculiar to the work or process carried on as was the presence of the vaporized paint itself; that there were approved and effective devices which could have been provided for the protection of the plaintiff and the other employees engaged in such work, but that the defendant did not provide such effective devices except for a time, and thereafter substituted an ineffective device; and that it was the failure of the defendant in this regard which caused the plaintiff to have tuberculosis. There was therefore, we think, sufficient evidence to make a case for the jury under section 13252. The fact that no poisonous dusts were present, so that no duty to furnish respirators under section 13254 existed, would not relieve the defendant of its obligations under section 13252.

The judgment of the trial court was affirmed.

DEATHS DURING WEEK ENDED DEC. 29, 1934

[From the Weekly Health Index, issued by the Bureau of the Census, Department of Commerce]

	Week ended Dec. 29, 1934	Correspond- ing week, 1933
Data from 86 large cities of the United States:		
Total deaths.....	9, 179	8, 792
Deaths per 1,000 population, annual basis.....	12.8	12.2
Deaths under 1 year of age.....	580	619
Deaths under 1 year of age per 1,000 estimated live births.....	54	1 53
Deaths per 1,000 population, annual basis, 52 weeks of year.....	11.4	11.0
Data from industrial insurance companies:		
Policies in force.....	67, 078, 445	67, 280, 416
Number of death claims.....	11, 184	12, 699
Death claims per 1,000 policies in force, annual rate.....	8.7	9.8
Death claims per 1,000 policies, 52 weeks of year, annual rate.....	9.8	9.8

¹ Data for 81 cities.

PREVALENCE OF DISEASE

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring

UNITED STATES

CURRENT WEEKLY STATE REPORTS

These reports are preliminary, and the figures are subject to change when later returns are received by the State health officers

Reports for Weeks Ended Jan. 5, 1935, and Jan. 6, 1934

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended Jan. 5, 1935, and Jan. 6, 1934

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended Jan. 5, 1935	Week ended Jan. 6, 1934	Week ended Jan. 5, 1935	Week ended Jan. 6, 1934	Week ended Jan. 5, 1935	Week ended Jan. 6, 1934	Week ended Jan. 5, 1935	Week ended Jan. 6, 1934
New England States:								
Maine.....	4	5	18	20	42	2	0	0
New Hampshire.....	2		1	2	24	103	0	0
Vermont.....	4					64	0	0
Massachusetts.....	11	13			195	945	1	1
Rhode Island.....	2	3	1		11	2	0	0
Connecticut.....	4	2	236	13	433	21	1	0
Middle Atlantic States:								
New York.....	36	59	147	126	671	573	5	3
New Jersey.....	23	29	338	22	39		1	2
Pennsylvania.....	76	70			1,334	501	4	1
East North Central States:								
Ohio.....	64	33	11	29	377	103	7	0
Indiana.....	39	36	183	56	353	166	0	2
Illinois.....	57	28	158	18	1,661	141	12	6
Michigan.....	4	13			45	7	0	1
Wisconsin.....	7	9	42	40	448	163	1	1
West North Central States:								
Minnesota.....	5	4	1	1	375	64	2	0
Iowa ²	8	13	30	2	810	67	0	3
Missouri.....	62	60	192	11	161	321	0	1
North Dakota.....	6	5	319		152	45	1	0
South Dakota.....		2	1	1	19	157	0	0
Nebraska.....	9	11		11	94	33	0	0
Kansas.....	8	17	13	1	378	31	3	1
South Atlantic States:								
Delaware.....	5	4	6		7	5	0	1
Maryland ²	9	11	420	31	26	16	0	1
District of Columbia.....	3	8	25	1	10	60	0	0
Virginia ³	34	69			252	232	4	2
West Virginia.....	27	20	143	81	362	9	2	0
North Carolina.....	27	48	409	28	604	1,021	4	0
South Carolina.....	5	23	2,000	980	12	367	0	0
Georgia ^{4,5}	11	13	481			897	0	2
Florida.....	3	4	30	1	19	1	0	0
East South Central States:								
Kentucky.....	36	43	209	8	433	10	1	0
Tennessee.....	12	26	251	84	11	325	2	3
Alabama ⁴	23	29	510	76	155	195	2	0
Mississippi ²	15	15					0	1

Footnotes at end of table.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended Jan. 5, 1935, and Jan. 6, 1934—Continued

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended Jan. 5, 1935	Week ended Jan. 6, 1934	Week ended Jan. 5, 1935	Week ended Jan. 6, 1934	Week ended Jan. 5, 1935	Week ended Jan. 6, 1934	Week ended Jan. 5, 1935	Week ended Jan. 6, 1934
West South Central States:								
Arkansas.....	12	16	37	10	2	159	1	1
Louisiana ¹	34	26	9	9	29	11	1	0
Oklahoma ¹	12	75	119	93	4	73	2	3
Texas ¹	76	147	423	288	88	270	1	2
Mountain States:								
Montana.....	5	1	14	17	88	.....	6	0
Idaho.....	.....	1	1	.....	3	20	0	0
Wyoming.....	.....	.....	.....	.....	7	45	0	0
Colorado.....	5	13	0	.....	396	8	1	0
New Mexico.....	4	5	11	.....	19	59	1	0
Arizona.....	.....	4	116	21	14	8	1	3
Utah ¹	1	.....	2	.....	10	558	0	1
Pacific States:								
Washington.....	2	1	.....	.....	44	284	0	0
Oregon.....	6	1	71	51	15	46	0	0
California.....	45	28	87	39	85	390	1	0
Total.....	843	1,043	6,965	2,051	10,322	8,578	68	42

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended Jan. 5, 1935	Week ended Jan. 6, 1934	Week ended Jan. 5, 1935	Week ended Jan. 6, 1934	Week ended Jan. 5, 1935	Week ended Jan. 6, 1934	Week ended Jan. 5, 1935	Week ended Jan. 6, 1934
New England States:								
Maine.....	0	0	23	8	0	0	0	1
New Hampshire.....	0	0	3	7	0	0	0	1
Vermont.....	0	1	27	20	0	0	0	0
Massachusetts.....	3	0	146	168	0	0	3	1
Rhode Island.....	0	0	10	10	0	0	0	1
Connecticut.....	1	0	51	63	0	0	1	0
Middle Atlantic States:								
New York.....	1	2	444	528	0	0	13	6
New Jersey.....	2	2	100	144	0	0	2	5
Pennsylvania.....	2	0	643	569	0	0	35	11
East North Central States:								
Ohio.....	0	1	656	372	0	2	7	1
Indiana.....	0	0	175	168	4	5	2	0
Illinois.....	0	1	655	401	2	0	10	4
Michigan.....	0	0	98	150	0	0	3	2
Wisconsin.....	0	1	338	60	9	24	2	0
West North Central States:								
Minnesota.....	0	1	97	40	5	3	1	2
Iowa ¹	1	0	53	79	4	7	2	0
Missouri.....	0	0	91	134	0	12	12	3
North Dakota.....	1	0	20	27	5	0	0	1
South Dakota.....	0	0	45	35	3	1	0	0
Nebraska.....	1	0	49	30	6	2	3	0
Kansas.....	0	0	111	110	2	7	1	1
South Atlantic States:								
Delaware.....	0	0	37	7	0	0	0	0
Maryland ²	0	0	105	81	0	0	6	4
District of Columbia.....	0	0	26	13	0	0	1	0
Virginia ¹	0	0	72	126	2	0	9	15
West Virginia.....	0	1	130	82	12	0	10	1
North Carolina.....	0	1	59	83	0	0	5	7
South Carolina.....	0	1	9	15	4	0	0	8
Georgia ^{1,3}	0	0	7	9	0	0	3	5
Florida.....	0	0	8	4	0	0	0	1
East South Central States:								
Kentucky.....	0	0	99	79	1	0	13	1
Tennessee.....	0	1	34	87	0	0	2	6
Alabama ⁴	1	0	19	29	8	0	2	4
Mississippi ²	0	0	13	25	0	1	3	8

Footnotes at end of table.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended Jan. 5, 1935, and Jan. 6, 1934—Continued

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended Jan. 5, 1935	Week ended Jan. 6, 1934	Week ended Jan. 5, 1935	Week ended Jan. 6, 1934	Week ended Jan. 5, 1935	Week ended Jan. 6, 1934	Week ended Jan. 5, 1935	Week ended Jan. 6, 1934
West South Central States:								
Arkansas.....	0	0	1	11	7	1	2	0
Louisiana ⁴	2	2	41	10	2	0	11	7
Oklahoma ⁴	0	0	125	39	0	3	6	3
Texas ⁴	0	0	65	148	2	26	25	20
Mountain States:								
Montana.....	1	0	35	7	1	4	0	4
Idaho.....	0	0	1	13	0	0	1	1
Wyoming.....	0	0	13	5	10	0	0	0
Colorado.....	0	0	185	26	1	2	0	1
New Mexico.....	0	1	10	24	0	0	2	4
Arizona.....	0	0	17	13	0	0	1	0
Utah ⁵	0	0	61	10	1	0	0	0
Pacific States:								
Washington.....	0	0	49	40	64	2	0	0
Oregon.....	0	0	51	51	2	8	1	2
California.....	13	2	193	198	18	10	8	18
Total.....	29	18	5,300	4,358	175	120	208	160

¹ New York City only.

² Week ended earlier than Saturday.

³ Rocky Mountain spotted fever, week ended Jan. 5, 1935, 1 case in Virginia.

⁴ Typhus fever, week ended Jan. 5, 1935, 15 cases, as follows: Georgia, 3; Alabama, 6; Louisiana, 1; Texas 5.

⁵ Dengue, week ended Jan. 5, 1935, 1 case in Georgia.

⁶ Exclusive of Oklahoma City and Tulsa.

SUMMARY OF MONTHLY REPORTS FROM STATES

The following summary of cases reported monthly by States is published weekly and covers only those States from which reports are received during the current week.

State	Menin- gococ- cus menin- gitis	Diph- theria	Influen- za	Malaria	Measles	Pel- lagra	Polio- mye- litis	Scarlet fever	Small- pox	Ty- phoid fever
<i>October 1934</i>										
Colorado.....	4	37	1		167		1	361	1	28
<i>November 1934</i>										
Alabama.....	1	226	234	732	244	14	3	152	2	30
Oklahoma ¹	4	71	124	66	15	3	0	99	10	91
<i>December 1934</i>										
Delaware.....		5	6		7		0	37	0	0
New Mexico.....	1	10	34	1	262	1	0	99	1	33
Tennessee.....	3	195	284	46	150	4	1	338	8	47
Vermont.....		10			14		0	77	0	2

¹ Exclusive of Oklahoma City and Tulsa.

October 1934		November 1934—Con.		December 1934—Con.	
	Cases		Cases		Cases
Colorado:		Tetanus:		Mumps:	
Chicken pox.....	144	Alabama.....	5	Delaware.....	11
Impetigo contagiosa.....	22	Oklahoma ¹	3	New Mexico.....	18
Mumps.....	35	Trachoma:		Tennessee.....	55
Septic sore throat.....	1	Oklahoma ¹	4	Vermont.....	7
Vincent's infection.....	6	Tularaemia:		Ophthalmia neonatorum:	
Whooping cough.....	68	Oklahoma ¹	1	New Mexico.....	1
		Typhus fever:		Tennessee.....	7
		Alabama.....	18	Paratyphoid fever:	
		Undulant fever:		New Mexico.....	2
		Alabama.....	5	Puerperal septicaemia:	
		Vincent's infection:		New Mexico.....	4
		Oklahoma ¹	2	Rocky Mountain spotted fever:	
		Whooping cough:		Tennessee.....	1
		Alabama.....	76	Scabies:	
		Oklahoma ¹	43	Tennessee.....	28
				Septic sore throat:	
				Tennessee.....	5
				Tetanus:	
				Delaware.....	1
				Trachoma:	
				Tennessee.....	4
				Tularaemia:	
				Tennessee.....	4
				Undulant fever:	
				Delaware.....	2
				Tennessee.....	1
				Vermont.....	5
				Vincent's infection:	
				Tennessee.....	13
				Whooping cough:	
				Delaware.....	22
				New Mexico.....	73
				Tennessee.....	212
				Vermont.....	167

¹ Exclusive of Oklahoma City and Tulsa.

WEEKLY REPORTS FROM CITIES

City reports for week ended Dec. 29, 1934

[This table summarizes the reports received regularly from a selected list of 121 cities for the purpose of showing a cross section of the current urban incidence of the communicable diseases listed in the table. Weekly reports are received from about 700 cities, from which the data are tabulated and filed for reference]

State and city	Diphtheria cases	Influenza		Measles cases	Pneumonia deaths	Scarlet fever cases	Small-pox cases	Tuberculosis deaths	Typhoid fever cases	Whooping cough cases	Deaths, all causes
		Cases	Deaths								
Maine:											
Portland.....	0		0	1	4	6	0	1	0	9	30
New Hampshire:											
Concord.....			2		0			1			9
Nashua.....	0		0	0	0	0	0	0	0	0	
Vermont:											
Barre.....	0		0	0		0		0	0	0	4
Burlington.....	1		0	0	0	8		0	0	0	4
Massachusetts:											
Boston.....	6		2	4	20	37	0	9	1	37	220
Fall River.....	0		0	71	5	0	0	1	0	8	27
Springfield.....	1		0	7	0	4	0	0	0	1	43
Worcester.....	0		0	6	5	14	0	1	0	0	56
Rhode Island:											
Pawtucket.....	0		0	0	2	0	0	0	0	0	12
Providence.....	4		0	3	4	8	0	2	0	13	47
Connecticut:											
Bridgeport.....	1	2	0	2	5	7	0	1	0	0	43
Hartford.....											
New Haven.....	0	2	0	12	2	2	0	1	0	0	32
New York:											
Buffalo.....	3		2	24	20	43	0	8	0	31	143
New York.....	27	76	21	33	210	184	0	86	4	199	1,680
Rochester.....	0		0	41	3	8	0	0	0	6	75
Syracuse.....	0		0	1	5	8	0	0	3	17	45
New Jersey:											
Camden.....	0	4	1	0	4	3	0	0	0	4	41
Newark.....	0	84	3	4	25	20	0	8	0	49	133
Trenton.....	1	11	1	10	0	14	0	2	0	0	30

City reports for week ended Dec. 29, 1934—Continued

State and city	Diphtheria cases	Influenza		Measles cases	Pneumonia deaths	Scarlet fever cases	Small-pox cases	Tuberculosis deaths	Typhoid fever cases	Whooping cough cases	Deaths, all causes
		Cases	Deaths								
Pennsylvania:											
Philadelphia	4	24	11	6	66	65	0	14	0	78	554
Pittsburgh	2	6	4	35	21	32	0	5	3	27	148
Reading	1		1	0	0	7	0	0	0	14	21
Scranton	0			13		2	0		0	5	
Ohio:											
Cincinnati	13	1	2	1	16	30	0	6	0	6	155
Cleveland	8	332	5	12	18	29	0	11	0	24	191
Columbus	5		0	17	5	38	0	2	0	0	78
Toledo	1	1	1	15	1	14	0	4	0	6	60
Indiana:											
Fort Wayne	2		0	1	3	1	0	1	0	0	26
Indianapolis	2			1	23	17	0		0	7	
South Bend	0		0	35	1	1	0	0	0	0	21
Terre Haute	1		1	0	2	0	0	0	0	0	25
Illinois:											
Chicago	11	24	9	77	102	274	0	34	2	34	804
Springfield	0		0	1	5	10	0	0	0	2	26
Michigan:											
Detroit	9	24	2	43	33	82	0	16	1	26	258
Flint	4		0	6	2	12	0	0	0	1	30
Grand Rapids	0		0	1	1	11	0	2	1	11	35
Wisconsin:											
Kenosha	0		0	17	0	4	0	0	0	22	8
Madison	0		0	1	0	5	0	1	0	0	14
Milwaukee	0		0	66	8	151	0	4	0	52	114
Racine	0		0	0	1	1	0	0	0	1	14
Superior	0		0	25	1	0	0	0	0	0	6
Minnesota:											
Duluth	0		0	180	4	1	0	0	0	1	18
Minneapolis	2		0	77	12	22	1	1	0	1	111
St. Paul											
Iowa:											
Davenport	0			19		0	0		0	0	
Des Moines	1			0		8	0		0	0	35
Sioux City	0		0	8	0	1	0	0	0	1	0
Waterloo	3			101		0	0		0	0	
Missouri:											
Kansas City	1		0	8	19	10	0	8	0	0	110
St. Joseph	3		0	2	8	0	0	1	0	1	30
St. Louis	12	4	0	2	14	15	0	6	0	3	241
North Dakota:											
Fargo	0		0	0	0	2	0	0	0	5	9
Grand Forks	0			1		5			0	0	
South Dakota:											
Aberdeen	0			1		1			0	0	
Nebraska:											
Omaha	5		0	10	9	12	1	0	0	1	62
Kansas:											
Topeka											
Wichita	0		0	2	4	2	0	2	0	0	28
Delaware:											
Wilmington	1		0	0	9	1	0	1	0	3	36
Maryland:											
Baltimore	0	64	5	1	26	47	0	13	0	25	236
Cumberland	0		0	4	1	1	0	0	0	0	11
Frederick	1		0	0	0	0	0	0	0	0	1
District of Columbia:											
Washington	6	3	1	4	19	28	0	7	1	4	150
Virginia:											
Lynchburg	5		0	3	1	6	0	1	0	1	12
Norfolk	0	51	0	0	3	4	0	2	0	3	30
Richmond	2		1	33	8	2	0	4	1	0	61
Roanoke	2		0	3	0	6	0	0	0	0	17
West Virginia:											
Charleston	2	1	1	12	0	2	0	0	0	0	12
Huntington	1			1		2			0	0	
Wheeling	0		0	4	2	10	0	0	0	18	10
North Carolina:											
Raleigh	0		0	0	2	1	0	1	0	1	20
Wilmington	0		0	0	1	0	0	0	0	0	9
Winston-Salem	1	4	2	0	2	2	0	0	0	15	17
South Carolina:											
Charleston	0	62	0	0	5	0	0	1	0	0	21
Columbia	0		1	0	4	0	0	0	0	0	19
Greenville	0		0	0	3	0	0	0	0	0	22
Georgia:											
Atlanta	2	172	9	0	12	3	0	4	0	2	119
Brunswick	0		0	0	1	3	0	0	0	0	8
Savannah	0	29	0	1	1	3	0	2	0	2	38

City reports for week ended Dec. 29, 1934—Continued

State and city	Diphtheria cases	Influenza		Measles cases	Pneumonia deaths	Scarlet fever cases	Smallpox cases	Tuberculosis deaths	Typhoid fever cases	Whooping cough cases	Deaths, all causes
		Cases	Deaths								
Florida:											
Miami.....	2		2	0	1	1	0	2	0	0	42
Tampa.....	4	2	2	0	2	3	0	1	0	0	30
Kentucky:											
Lexington.....	1		0	1	3	1	0	2	1	1	22
Louisville.....	1	5	0	5	9	1	0	4	3	5	94
Tennessee:											
Memphis.....	2		4	0	11	6	0	7	2	3	96
Nashville.....	1		4	0	7	8	0	4	0	1	46
Alabama:											
Birmingham.....	4	20	0	1	6	2	0	2	0	0	62
Mobile.....	1	3	0	0	0	1	0	1	0	0	23
Montgomery.....	2			0		1	0		0	0	
Arkansas:											
Fort Smith.....	0			0		1	0		0	0	
Little Rock.....	0		0		4	0	0	0	0	0	4
Louisiana:											
New Orleans.....	12	2	1	2	20	11	0	10	2	0	172
Shreveport.....	0		0	3	1	0	1	1	1	0	28
Oklahoma:											
Oklahoma City.....	0		0	0	5	2	0	0	0	0	44
Tulsa.....	1					0	0		0	4	
Texas:											
Dallas.....	12	1	1	0	9	6	0	3	0	0	58
Fort Worth.....	2		0	0	10	4	0	3	0	0	52
Galveston.....	0		0	0	1	0	0	0	0	0	13
Houston.....	11		1	0	7	3	0	1	0	0	75
San Antonio.....	1		2	1	10	1	0	13	0	0	76
Montana:											
Billings.....	5		0	4	0	2	0	0	0	0	7
Great Falls.....	2		0	0	1	0	0	0	0	0	7
Helena.....	0		0	19	0	0	0	0	0	0	2
Missoula.....	0		0	0	3	0	0	0	0	0	12
Idaho:											
Boise.....	0		0	0	2	0	0	0	0	0	4
Colorado:											
Denver.....	6		1	222	13	143	0	5	0	1	101
Pueblo.....	0		0	1	0	7	0	0	0	0	11
New Mexico:											
Albuquerque.....	0		0	1	2	2	0	2	0	0	18
Utah:											
Salt Lake City.....	0		0	9	4	42	0	1	0	19	33
Nevada:											
Reno.....	0		0	1	1	0	0	0	0	0	3
Washington:											
Seattle.....	0			0		2	5		0	0	
Spokane.....	0	4	3	14	5	0	0	0	0	0	35
Tacoma.....	0		0	9	0	0	6	0	0	0	33
Oregon:											
Portland.....	0	5	0	1	8	5	0	4	0	0	80
Salem.....	0					0	0		0	2	
California:											
Los Angeles.....	17	27	2	2	20	45	6	14	0	14	337
Sacramento.....	4		0	0	1	0	0	1	0	0	27
San Francisco.....	1		0	2	18	15	0	6	0	0	175

State and city	Meningococcus meningitis		Poliomyelitis cases	State and city	Meningococcus meningitis		Poliomyelitis cases
	Cases	Deaths			Cases	Deaths	
Massachusetts:				Missouri:			
Boston.....	0	1	0	St. Joseph.....	3	0	0
Fall River.....	0	1	0	District of Columbia:			
New York:				Washington.....	1	1	1
New York.....	2	2	0	Tennessee:			
Pennsylvania:				Memphis.....	1	0	0
Philadelphia.....	1	1	0	Alabama:			
Pittsburgh.....	0	0	1	Montgomery.....	1	0	0
Illinois:				Oklahoma:			
Chicago.....	8	2	0	Oklahoma City.....	1	0	0
Michigan:				Washington:			
Detroit.....	1	0	0	Spokane.....	1	0	0
Wisconsin:				California:			
Milwaukee.....	2	2	0	Los Angeles.....	0	0	3
Minnesota:				Sacramento.....	0	0	3
Minneapolis.....	0	0	1				

Lethargic encephalitis.—Cases: Chicago, 1; St. Joseph, 1; Memphis, 1.

Poliomyelitis.—Cases: Baltimore, 1; Charleston, S. C., 1; Savannah, 1; New Orleans, 1; Sacramento, 1.

FOREIGN AND INSULAR

CANADA

Vital statistics—Second quarter 1934—Comparative.—The Bureau of Statistics of the Dominion of Canada has published the following preliminary statistics for the second quarter of 1934. The rates are computed on an annual basis. There were 20.6 live births per 1,000 population during the second quarter of 1934 and 22.1 per 1,000 population in the same quarter of 1933. The death rate was 9.4 per 1,000 population for the second quarter of 1934 and 9.7 for the second quarter of 1933. The infant mortality rate for the second quarter of 1934 was 70.6 per 1,000 live births and 69.4 in the same period of 1933. The maternal death rate was 5.5 per 1,000 live births for the second quarter of 1934 and 5.3 for the same quarter of 1933.

The accompanying tables give the numbers of births, deaths, and marriages for the second quarter of 1934, and deaths from certain causes by provinces for the second quarter of 1934, and the corresponding quarter of 1933:

Number of births, deaths, and marriages

Province	Live births	Deaths (exclusive of still- births)	Deaths under 1 year of age	Maternal deaths	Marriages
Canada ¹	55,689	25,378	3,934	305	19,487
Prince Edward Island.....	504	246	37	2	111
Nova Scotia.....	2,866	1,514	207	15	994
New Brunswick.....	2,569	1,135	195	11	698
Quebec.....	19,873	8,265	1,864	114	5,206
Ontario.....	15,669	8,571	867	95	7,762
Manitoba.....	3,200	1,261	171	10	1,290
Saskatchewan.....	4,870	1,525	294	24	1,084
Alberta.....	3,691	1,314	222	21	1,269
British Columbia.....	2,447	1,547	107	13	1,213

¹ Exclusive of Yukon and the Northwest Territories.

Deaths from certain causes in Canada for the second quarter of 1933 and 1934, and by Provinces for the second quarter of 1934

Cause of death	Canada ¹ (second quarter)		Province, second quarter 1934								
	1933	1934	Prince Edward Island	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	British Columbia
Automobile accidents.....	193	220	2	14	4	62	91	7	5	16	19
Cancer.....	2,711	2,526	27	152	85	669	978	145	156	147	167
Diarrhea and enteritis.....	632	560	5	11	16	352	85	23	28	22	18
Diphtheria.....	48	42	-----	1	2	23	4	1	8	1	2
Diseases of arteries.....	1,727	1,823	17	102	62	342	946	107	72	74	101
Diseases of the heart.....	3,909	4,076	32	213	166	1,059	1,705	207	192	202	300
Homicide.....	45	27	-----	-----	-----	10	7	1	1	3	5
Influenza.....	617	522	7	41	22	197	128	31	51	29	16
Measles.....	58	54	-----	2	-----	36	2	8	5	-----	1
Nephritis.....	1,509	1,486	15	79	62	631	435	61	82	48	73
Pneumonia.....	1,614	1,799	21	140	94	652	551	78	113	70	80
Poliomyelitis.....	12	12	-----	1	1	4	1	3	2	-----	-----
Puerperal causes.....	312	305	2	15	11	114	95	10	24	21	13
Scarlet fever.....	28	56	1	-----	1	32	18	-----	2	-----	-----
Smallpox.....	3	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Suicide.....	268	240	-----	6	3	35	103	15	29	25	24
Tuberculosis.....	1,966	1,914	29	144	80	828	358	125	91	93	165
Typhoid fever and paratyphoid fever.....	56	56	-----	1	4	32	9	4	6	-----	-----
Other violent deaths.....	1,167	978	5	61	36	261	331	62	59	63	100

¹ Exclusive of Yukon and the Northwest Territories.

CZECHOSLOVAKIA

Communicable diseases—October 1934.—During the month of October 1934, certain communicable diseases were reported in Czechoslovakia as follows:

Disease	Cases	Deaths	Disease	Cases	Deaths
Anthrax.....	3	-----	Paratyphoid fever.....	29	4
Cerebrospinal meningitis.....	9	2	Poliomyelitis.....	5	2
Chicken pox.....	192	-----	Puerperal fever.....	39	26
Diphtheria.....	4,863	271	Scarlet fever.....	4,051	33
Dysentery.....	819	128	Trachoma.....	141	-----
Influenza.....	29	1	Typhoid fever.....	928	51
Malaria.....	160	-----			

GREAT BRITAIN

England and Wales—Infectious diseases—Thirteen weeks ended September 29, 1934.—During the 13 weeks ended September 29, 1934, cases of certain infectious diseases were reported in England and Wales as follows:

Disease	Cases	Disease	Cases
Diphtheria.....	15,113	Puerperal pyrexia.....	1,325
Ophthalmia neonatorum.....	1,110	Scarlet fever.....	31,248
Pneumonia.....	6,303	Smallpox.....	2
Puerperal fever.....	570	Typhoid fever.....	407

England and Wales—Vital statistics—Third quarter, ended September 30, 1934.—During the quarter ended September 30, 1934, 149,311 live births and 97,469 deaths were registered in England and Wales. The following statistics are taken from the Quarterly Return of Births, Deaths, and Marriages, issued by the Registrar General of England and Wales. The figures are provisional.

Birth and death rates in England and Wales, quarter ended Sept. 30, 1934

Annual rates per 1,000 population:

Live births.....	14. 70
Stillbirths.....	. 59
Deaths, all causes.....	9. 60
Deaths from—	
Diphtheria.....	. 08
Influenza.....	. 04
Measles.....	. 03
Scarlet fever.....	. 02
Violence.....	. 54
Whooping cough.....	. 03

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER

(NOTE.—A table giving current information of the world prevalence of quarantinable diseases appeared in the PUBLIC HEALTH REPORTS for Dec. 28, 1934, pp. 1585-1599. A similar cumulative table will appear in the PUBLIC HEALTH REPORTS to be issued Jan. 25, 1935, and thereafter, at least for the time being, in the issue published on the last Friday of each month.)

Plague

Argentina—Santiago del Estero Province—Frias.—The report of one suspected case of plague at Lavalle, Argentina, as published on page 69 of the PUBLIC HEALTH REPORTS for January 11, 1935, has been officially reported as pneumonic plague at Frias, Santiago del Estero Province, Argentina.

Ecuador—Province of Loja—Amaluza.—A report dated January 8, 1935, states that a case of bubonic plague has occurred at Amaluza, Province of Loja, Ecuador.

Siam—Prachin—Nagara Nayok.—For the period December 17 to 29, 1934, four cases of plague have been reported at Nagara Nayok, Prachin, Siam.

Smallpox

Canary Islands—Santa Cruz de Tenerife.—During the week ended December 1, 1934, two cases of smallpox were reported at Santa Cruz de Tenerife, Canary Islands.

Mexico—Coahuila—Allende.—The report of 25 cases of smallpox at Allende, Coahuila, Mexico, as published on page 69 of the PUBLIC HEALTH REPORTS for January 11, 1935, has been supplemented by a later report dated December 28, 1934, which states there are about 48 cases of smallpox with 5 or 6 deaths at Allende, Coahuila, Mexico. Vaccination of all residents of the afflicted section of the town has been completed.

Yellow fever

Brazil—Matto Grosso State—Coronel Ponce.—During October 1934, one case of yellow fever was reported at Coronel Ponce, Matto Grosso State, Brazil.

Gambia—Bathurst.—For the period December 14 to 20, 1934, 1 case of yellow fever with 1 death was reported at Bathurst, Gambia.

Ivory Coast.—During the first 10 days of December 1934, 18 suspected cases of yellow fever, with 11 deaths, were reported in Nzi-Comoe Circle, Ivory Coast. Fifteen of these cases, with 10 deaths, were reported to have occurred in Toumodi, and 3 cases, with 1 death, in Dibro. This report includes the 4 suspected cases of yellow fever reported in Toumodi on December 10, 1934, published on page 35 of the PUBLIC HEALTH REPORTS for January 4, 1935. Toumodi is located about 150 kilometers from the coast, and about 50 kilometers from the railroad line at Dimbokro.

Nigeria—Kano.—On December 24, 1934, two cases of yellow fever were reported at Kano, Nigeria.

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